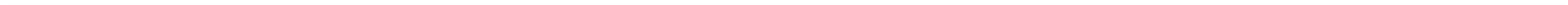


Flexible Cystoscopy

Training and Assessment Guideline

Second Edition

November 2017



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Introduction

Over the intervening years there has been a gradual change from nurses performing flexible cystoscopy predominantly for the surveillance of superficial bladder cancer, to an enhancing role of diagnostic cystoscopy, including bladder biopsy, cystodiathermy and the removal of ureteric stents.

It was therefore necessary for The British Association of Urological Nurses (BAUN) and The British Association of Urological Surgeons (BAUS) to jointly develop this updated guideline to build on previous guidance from BAUS (Ellis 2000) and Skills for Health (2010 a,b,c & d) to provide a comprehensive nationally agreed, fit for purpose, universal training package which registered nurses and other healthcare professionals e.g. physicians, assistants or doctors in training can utilise to develop the necessary competencies in performing diagnostic and surveillance flexible cystoscopy, ureteric stent removal, bladder biopsy and cystodiathermy using a flexible cystoscope.

This reviewed guideline includes the competency requirements for performing laser ablation, intradetrusor Botulinum toxin A injections and flexible cystoscopic- assisted urethral catheterisation over a guidewire using a flexible cystoscope.

This document provides the field of urology with clinical guidelines that are based on the latest available evidence for the appropriate treatment and care of a patient's condition. The use of such evidence-based guidelines in clinical practice is an important part of clinical governance ensuring that patients are treated in a manner that provides safe, competence based care. It is designed to give an overview of the curriculum and the minimum standards required to perform such procedures.

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1. Rationale for a Standardised Training and Assessment Guideline

1.1 The original British Association of Urological Surgeons (BAUS) guidelines and recommendations on the implementation of nurse run flexible cystoscopy sessions were published in 2000, (Ellis) at a time when flexible cystoscopy was performed mainly by urologists and urology trainees. Provision of healthcare has changed dramatically over the past 15 years and increasingly more interventional procedures in medicine are being performed by nurses with advanced practice skills and knowledge.

Nurse cystoscopists are now well established in urology practice. A survey of BAUS members (Burgess 2012) found that 50% of respondents worked in departments with nurse cystoscopists. While the original BAUS guidance recommended that initially nurses only perform flexible cystoscopies for the surveillance of patients with low grade superficial bladder cancer (Ellis 2000), nursing practice has evolved significantly since then. British Association of Urological Nurses (BAUN) members are now regularly undertaking diagnostic flexible cystoscopies. A survey of members in 2016 (BAUN) demonstrated that nurse cystoscopists are, in addition to performing flexible cystoscopy for surveillance of low risk bladder cancer, they are performing diagnostic cystoscopies, removing ureteric stents, taking bladder biopsies and performing cystodiathermy, administering intradetrusor Botulinum Toxin A injections and performing laser ablation using a flexible cystoscope.

Prior to the development of this guideline, practice typically developed by using locally produced guidelines in response to patient centred care needs and delivered by nurses extending their scope of practice. The recent addition of the development of Physicians Assistants means that there is now an emerging group of healthcare professionals who could potentially also undertake these roles.

Reflecting the evolution of flexible cystoscopy practice, BAUN and BAUS have jointly developed this guideline, building on previous guidance from BAUS (Ellis 2000) and Skills for Health (2010 a, b, c & d) to provide a comprehensive nationally agreed, fit for purpose, universal training package which any trainee cystoscopist can utilise to develop competence in performing diagnostic and therapeutic flexible cystoscopy.

This document is designed to give an overview of the current curriculum and minimum standards required to perform flexible cystoscopy, removal of ureteric stents, take bladder biopsies, perform cystodiathermy, laser ablation, intra-detrusor botulinum toxin A injections and flexible cystoscopic-assisted urethral catheterisation over a guidewire using a flexible cystoscope under local anaesthesia. The knowledge base, clinical competencies and skills required for practice are outlined. Learning and assessment tools are included that will be used to achieve these competencies. This guideline is linked to the NHS Knowledge and Skills Framework Dimension: HWB 6 Assessment and Treatment Planning and HWB 7 Interventions and Treatments Level 4 (Department of Health (DH) 2004).

There is now broad agreement that clinicians undertaking procedures should be properly trained and assessed. Individual nurses and clinicians will need to adhere to Trust governance procedures so that their practice will be covered by vicarious liability. Clinicians will need to develop their own bespoke training programme and ongoing assessment to support their development. This guideline however, aims to standardise that training and assessment.

Patients are entitled to expect that any clinician performing their flexible cystoscopy will perform to the same standard as a competent urologist performing the procedure. This is the legal standard of care that any non-medical cystoscopist would be judged against should a claim of negligence be made against them (Bolam V Friern Hospital Management Committee 1957 in Cox 2010 and The Supreme Court, 2015).

In accordance with Nursing and Midwifery Council (NMC 2015) and Health and Care Professions Council (HCPC) (2017a) guidance, this guideline recommends that HCP cystoscopists working in independent practice have separate indemnity insurance.

1.2 Cystoscopists

There is a prerequisite for written agreement from senior management for non-medical clinicians to expand their practice to perform flexible cystoscopy procedures. This is to ensure that practice is insured by their employers against a claim of clinical negligence.

Registered nurses are accountable for their own practice and they must have the knowledge and skills for safe and effective practice (NMC 2015) when working without direct supervision. They must also recognise and work within the limits of their competence (NMC 2015). This training guideline sets out the minimum knowledge and skills for safe and effective practice for performing flexible cystoscopies without supervision, so that all non-medical cystoscopists have a benchmark against which, they will be able to acknowledge their competence or to seek support if not competent.

This training guideline aims to ensure that the trainee cystoscopist achieves a reasonable standard of skill and care before practicing without direct supervision, as inexperience is not accepted as defence in negligence claims (Cox 2010).

1.3 Consultant Urologists

For a non-medical cystoscopist to practice, a consultant urologist will need to delegate responsibility for patients to them. Consultant urologists are accountable for ensuring that the person they delegate to, has the qualifications, experience, knowledge and skills to provide the care, treatment or investigation involved (General Medical Council 2013). This training guideline therefore provides the necessary evidence of appropriate training and assessment.

1.4 Employers

Employers are vicariously liable for the actions or omissions of their employees, as long as they are working within their contracted practice (ACAS 2012). This training guideline provides evidence of the minimum standard of knowledge and skills required of a non-medical cystoscopist before they practice without supervision, to reduce the risk of a clinical negligence claim being made.

1.5 Patient selection

This guideline aims to support non-medical clinicians (nurses and physician assistants) to develop competence in diagnostic and surveillance flexible cystoscopy, ureteric stent removal, bladder biopsy, cystodiathermy, laser ablation, intra-detrusor botulinum toxin A injections and insertion of a urethral guidewire catheter using a flexible cystoscope and therefore, is not recommending any limitation to practice by specifying criteria for patient selection.

2. Consent

Informed (or valid in terms of law) consent is essential before performing any procedure. DH (2009) suggests that the best form of consent is written. Verbal or implied consent is valid in law, but is more difficult to prove in court. In addition, in taking a valid consent practitioners must be aware of the principles of the Mental Capacity Act (HMSO 2005). Patients retain the right to refuse treatment at all times and by individual professionals without compromising further treatment.

The risks and benefits of the procedure should be explained to patients when taking consent and this should be supported by appropriate written information. In addition, clinicians doing cystoscopy should ensure patients are aware of their professional status prior to undertaking the procedure. This includes informing them when they are training to perform a procedure.

3. Prerequisites for Training to perform Flexible Cystoscopy

3.1

- Registered Nurse / Physician Assistant with relevant urology experience, including within flexible cystoscopy clinics
- Consultant Urologist or Urologist who provides training/ supervision in flexible cystoscopy to doctors in training, or a non-medical cystoscopist with at least five years flexible cystoscopy experience and an appropriate assessors qualification to teach, supervise training and assess competence
- Written agreement from Senior Management and Urology Clinical Director for trainee cystoscopist to expand their scope of practice, support training and assessment and utilise skills once competent
- Robust protocols and guidelines agreed by Senior Management and Urology Clinical Director
- Independent prescriber or Patient Group Directions / protocol in place for antibiotics and local anaesthetic prescription
- It is desirable that trainee cystoscopists attend a BAUN/BAUS flexible cystoscopy skills simulation workshop

3.2 Prerequisite Skills

- Good communication skills, including national advanced communications skills or equivalent training
- Competent at consultation and urological symptom analysis
- Competent at informed consent for flexible cystoscopy
- Competent at urine testing and interpretation of results
- Competent at male and female catheterisation
- Competent at handling and troubleshooting flexible cystoscopy equipment
- Competent at auditing own practice to demonstrate maintenance of safe practice and up-to-date knowledge and skills

3.3 Knowledge

- Flexible cystoscopy national and local policies and guidelines
- Accountability and the law in relation to advanced practice
- Anatomy and physiology of male and female urinary tract in health and disease

- The indications for flexible cystoscopy
- The potential complications and contra-indications of flexible cystoscopy
- Normal and abnormal findings visible via a flexible cystoscope
- The management principles of the complications of cystoscopy e.g. urinary infection, urosepsis, haematuria
- The common abnormalities of the lower urinary tract
- The management principles of common urinary tract pathology e.g. bladder cancer, urethral stricture, urethral false passage, stone disease etc.
- The management principles of anaphylaxis
- The principles of lower urinary tract endoscopy
- The dose, side effects and contra-indications of local anaesthetic lubricants
- National and local record keeping and data protection policies and guidelines
- National and local infection control policies and guidelines
- National and local Health and Safety at Work waste management policies and guidelines
- Awareness of principles of clinical coding

4. Prerequisites to Undertake Training to perform Ureteric Stent Removal Using a Flexible Cystoscope

4.1 Prerequisite Skills

- Competent at performing flexible cystoscopy

4.2 Knowledge

- Types of ureteric stents
- Reasons for ureteric stent insertion
- Reasons for ureteric stent removal
- Competent at informed consent for ureteric stent removal
- Timing of ureteric stent removal and contra-indications of ureteric stent removal
- Complications of ureteric stent removal and the appropriate actions in the event of complications
- Safe use of grasping forceps

5. Prerequisites to Undertake Training to Perform Cystodiathermy Using a Flexible Cystoscope

5.1 Prerequisite Skills

- Competent at performing flexible cystoscopy

5.2 Knowledge

- Principles of monopolar diathermy
- The indications / limitations for cystodiathermy using a flexible cystoscope
- Competent at informed consent for cystodiathermy
- The contra-indications for cystodiathermy using a flexible cystoscope
- Complications of cystodiathermy and the appropriate actions in the event of complications
- Types and use of available irrigation fluids
- How to prepare a patient for cystodiathermy
- National, local and manufacturers policies and guidance on the safe use of diathermy equipment
- Able to recognise equipment faults and know how to deal with them

6. Prerequisites to Undertake Training to Perform Laser Ablation Using a Flexible Cystoscope

The healthcare practitioner (HCP) undergoing training to perform laser ablation using a flexible cystoscope, must be listed on the Trust register of authorised users to operate laser equipment, in accordance with national and local Health and Safety policies and guidelines (MHRA 2008).

6.1 Prerequisite Skills

- Competent at flexible cystoscopy
- Competent at electro cystodiathermy using a flexible cystoscope

6.2 Knowledge

- The indications for laser ablation using a flexible cystoscope
- The contra-indications for laser ablation using a flexible cystoscope
- Complications of laser ablation and the appropriate actions in the event of complications
- Competent at informed consent for laser ablation using a flexible cystoscope
- Hazards of lasers
- How to prepare a patient, self and assisting personnel for use of lasers
- National, local and manufacturers policies and guidance on the safe use of laser equipment
- Able to recognise equipment faults and know how to deal with them

7. Prerequisites to Undertake Training to Perform Biopsies Using a Flexible Cystoscope

7.1 Prerequisite Skills

- Competent at performing flexible cystoscopy
- Competent at performing cystodiathermy using a flexible cystoscope

7.2 Prerequisite Knowledge

- Knowledge of available biopsy forceps and their criteria for use
- The indications for undertaking biopsies using a flexible cystoscope
- Competent at informed consent for biopsies using a flexible cystoscope
- The contra-indications of undertaking biopsies using a flexible cystoscope
- The complications of undertaking biopsies using a flexible cystoscope and how to deal with complications should they arise
- Local and national policies and guidance for submission of tissue specimens for histopathology examination
- The safe use of biopsy forceps
- Able to recognise equipment faults and know how to deal with them

8. Prerequisites to Undertake Training to Perform Intra-detrusor Botulinum Toxin A Injections Using a Flexible Cystoscope

Attendance at an intradetrusor intravesical botulinum toxin A knowledge and skills workshop is desirable before commencing training.

8.1 Prerequisite skills

- Competent at performing flexible cystoscopy

8.2 Knowledge

- Understand indications for intradetrusor botulinum toxin A administration
- Understand the contra-indications for flexible cystoscopy and intradetrusor botulinum toxin A
- Understand the management principles of the potential complications of flexible cystoscopy and botulinum toxin A e.g. UTI, haematuria, acute urinary retention, systemic effects of toxin leading to generalised weakness, allergic reactions and potentially death
- Competent at informed consent for intradetrusor botulinum toxin A
- Knowledge and competencies regarding roles of both endoscopist and staff member performing injections
- Knowledge of assembly and safe use of injector needle and ability to recognise equipment faults and how to deal with them
- Knowledge of safe storage, preparation and reconstitution of botulinum toxin A
- Knowledge of safe administration of botulinum toxin A including appropriate dosing
- Knowledge about management of the patient following the procedure (incl. ongoing management, repeat procedures, what the patient should do in the event of side effects)
- Independent prescriber or Patient Group Directions/protocol in place for botulinum toxin A injections

9. Prerequisites to Undertake Training to Perform Flexible Cystoscopic-Assisted Urethral Catheterisation over a Guidewire

9.1 Prerequisite skills

- Competent at performing flexible cystoscopy

9.2 Knowledge

- Ability to recognise and document the potential reasons for difficult catheterisation
- Indications for flexible cystoscopic-assisted urethral catheterisation over a guidewire
- Competent at informed consent for flexible cystoscopic – assisted urethral catheterisation
- Contra-indications for flexible cystoscopic-assisted urethral catheterisation over a guidewire
- Types and safe use of available guidewires
- Types and safe use of available catheters suitable for flexible cystoscopic-assisted urethral catheterisation over a guidewire
- Complications of flexible cystoscopic-assisted urethral catheterisation over a guidewire and the appropriate actions in the event of complications
- Able to recognise equipment faults and know how to deal with them
- Able to formulate an appropriate management plan following the procedure

10. Training and Supervision

10.1 This guideline breaks the skill of flexible cystoscopy down into five practical stages:

1. Observation of the procedure
2. Withdrawal of the cystoscope
3. Examination of the bladder urothelium
4. Insertion of the scope
5. Performance of the full procedure

In order for a healthcare practitioner to achieve competence, training will be supported by:

- Trainees are required to maintain a portfolio of evidence of training. A reflective diary kept throughout the training period may be useful to support learning
- Formative assessments during the training process in the form of case based discussions and mini clinical examinations. These are useful in the training process and should be recorded in the personal training log

10.2 Assessment of Competence

- Assessment should ideally be performed by the urology clinical director. Alternatively, a consultant urologist who provides training/supervision in flexible cystoscopy to doctors in training, or an experienced cystoscopist with appropriate assessor's qualification
- A record of training and supervision must be maintained in a portfolio which should be reviewed by the assessor
- Assessment should be performed by the assessor directly observing the trainee for a minimum of five assessed procedures

10.3 Support Following Achievement of Competence

This guideline and training programme aims to ensure that trainee cystoscopists are competent to safely perform flexible cystoscopies unsupervised following completion of assessment. It is not expected that trainee cystoscopists will be expert at completion of training. Expertise and proficiency will develop through continued practice.

During the transition from competent to expert cystoscopist (Benner 1984 & 2004), non-medical cystoscopists should continue to receive support from an experienced cystoscopist. The purpose of this continued support will be to help develop the cystoscopists' confidence as an autonomous practitioner.

Once competent, cystoscopists must continue to have access to an experienced and designated urologist for clinical advice support. They also must have immediate access to hospital urology services in the event of complications and the need for technical or diagnostic advice.

11. Audit and Quality Assurance

Clinical audit is a systematic method of measuring performance, recognising good practice and if necessary making improvements (Sale 1996). The overall purpose of clinical audit is to ensure high standards of clinical practice (Ghosh 2009).

The generally accepted definition of clinical audit is:

“A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery” (NICE 2002).

NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care through clinical governance. Clinical audit is an essential feature of clinical governance (Ghosh 2009).

Clinical audit can be used to examine how care or services are delivered, the effect that this has on patients and to identify where improvements can be made (Sale 1996).

A change in practice can be a trigger for carrying out a clinical audit e.g. developing a non-medical led flexible cystoscopy service.

Suggestions for clinical audits:

- Comparison of accuracy of findings with other cystoscopists within the trust
- Patient satisfaction of treatment/care/information etc.
- Service capacity/waiting times

12. Continuing Professional Development, Reflective Practice and Revalidation

12.1 Continuing Professional Development (CPD)

The percentage of a cystoscopist's CPD activity and reflective accounts should be equal to the percentage of their practice hours that they perform flexible cystoscopies e.g. if they perform cystoscopy 25% of their practice hours, 25% of their CPD activity and reflective accounts should be related to their flexible cystoscopy practice.

Attendance at a national or international urological annual conference, at least once every three years is therefore recommended for cystoscopists as part of their CPD requirement.

12.2 Reflective Practice

Feedback is an essential element of learning any new skill. The supervisor/assessor will give verbal feedback throughout the training process, or use the assessment sheets to provide written feedback, either as part of formative or summative assessment. In addition, the trainee using reflection after learning/practice will provide a valuable source of feedback for themselves (Reece & Walker 1992). Reflection which focuses on and explores the learning experiences will help trainees to understand their learning during the process of transforming themselves into a competent cystoscopist (Johns 2009).

Johns (2006) Model of Structured Reflection is included in the training log as a suggested tool to guide trainee's reflection, although trainee cystoscopists may choose to use any preferred model to support their developing practice.

Trainees should reflect on significant events during their training process, e.g. their first day of training, a particularly easy or difficult flexible cystoscopy, following feedback or an assessment.

Competent cystoscopists learning to remove ureteric stents perform bladder biopsies, cystodiathermy laser ablation, intradetrusor botulinum A or flexible cystoscopic-assisted urethral catheterisation over a guidance can use the model of reflection to record their training by reflecting on each supervised procedure.

The model of reflection and performance criteria, training and assessment log book can also be used once competent in performing flexible cystoscopy procedures as a tool to demonstrate that knowledge and skills have been maintained and updated in addition to the mandatory NMC reflective accounts form required for revalidation.

12.3 Revalidation

Since April 2016, all nurses registered with the NMC are required to undergo a process of revalidation every three years. Revalidation is a method of demonstrating that a nurse's practice remains safe and effective (NMC 2015). As part of revalidation, nurses have to demonstrate that they have undertaken 35 hours of continuing professional development (CPD) of which 20 hours should involve interaction with other professionals and provide five written reflective accounts which relate to areas of their CPD, events, experience or feedback relating to their practice.



The Health and Care Professions Council (HCP) similarly requires its members to provide evidence of CPD activity as part of renewal of registration (HCPC 2017b). Non medical/nursing cystoscopists who are members of the HCP will also be required to provide evidence that CPD standards have been met over the previous two years.

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Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Our business includes ostomy, continence, wound and skin, and urology care.

The Coloplast story began back in 1954 and our company reflects the passion and commitment of the people who made it happen. Working closely with the people who use our products, we create solutions that are sensitive to their individual needs. We call this intimate healthcare.

Coloplast has provided an unrestricted educational grant for this independent publication.



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